

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

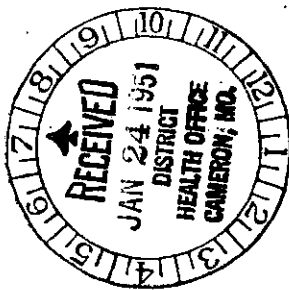
State File No. 2225

2225

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6017		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Camden Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Camden Township 0890			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile NW of Camden				d. STREET ADDRESS (If rural, give location) 1 mile NW of Camden 0			
3. NAME OF DECEASED (Type or Print) EMMA		a. (First)		b. (Middle) ---		c. (Last) CROWLEY	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 25, 1869	
9. AGE (In years last birthday) 81		10. MONTH (Day) (Year) OF DEATH January 17, 1951		11. BIRTHPLACE (State or foreign country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Guy C. Smith		13b. MOTHER'S MAIDEN NAME Elizabeth Weathington		14. NAME OF HUSBAND OR WIFE Willis H. Crowley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Guy Crowley, Richmond, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation Anterior Ecleriosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior Ecleriosis DUE TO (c) Anterior Ecleriosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 15, 1951, to Jan 17, 1951, that I last saw the deceased alive on Jan 17, 1951, and that death occurred at 5:50 p.m. from the causes and on the date stated above.							
23a. SIGNATURE Guy C. Ray		23b. ADDRESS Richmond		23c. DATE SIGNED 1-21-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Crowley Cemetery		24d. LOCATION (City, town, or county) (State) Rayville, Missouri	
DATE REC'D BY LOCAL REG. 1-23-51		REGISTRAR'S SIGNATURE Helen J. Larkins		25. FUNERAL DIRECTOR'S SIGNATURE Therman Funeral Home		ADDRESS Richmond, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. L. Thurman _____

Licensed Embalmer No. 4563 _____

P. O. Address Richmond, Mo. _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.